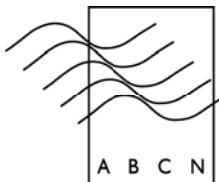


**American Board of Clinical Neurophysiology
Verification of RESIDENCY Training**



ABCN Executive Office
2509 W. Iles Ave., Ste., 102
Springfield, IL 62704
Phone: 217-726-7980
Fax: 217-726-7989
Email: abcn@att.net

Candidate's Name	
Candidate's Address	
Location of Residency Training Program	
Dates and Duration of Training	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the training program ACGME or RCPSC approved?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did candidate complete training satisfactorily?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you recommend this candidate for examination?
Other Comments	
Name of training director	
Signature of training director or representative	
Date	

Please return to the ABCN Executive Office